



Provider Materials Reorder Form

7/2011

Fax: (402) 471-0913 (*orders must be faxed*)**E-mail:** dhhs.ewm@nebraska.gov**Website:** www.dhhs.ne.gov/womenshealth/ewm

Mail: Every Woman Matters &
Nebraska Colon Screening Program
P.O. Box 94817
Lincoln, NE 68509-4817

Send Materials To: (*write clearly, use a stamp or tape your business card here*)

Facility: _____

Attention: _____

Mailing Address: _____

City: _____ Zip: _____

Phone: _____ Fax: _____

Date: ____/____/____

**Please allow 2 weeks
for your order to be
filled and shipped.
Thank You!**

**BE SURE TO INDICATE THE QUANTITY OF MATERIALS YOU ARE REQUESTING.
DO NOT JUST PLACE A CHECKMARK BY THE INDIVIDUAL ITEMS NEEDED.**

NO MORE THAN 25 OF ANY ONE ITEM WILL BE SENT AT ANY ONE TIME

Provider Materials

Provider Manual, 2009 (available after September 2009) available online at:
www.dhhs.ne.gov/womenshealth/ewm/ewmprovidercontractmanual.htm

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|---|--------------|-------------|
| NEW!! Enrollment & Screening Information Packets (<i>for presumptive enrollment</i>) | ___ English | ___ Spanish |
| (formerly Presumptive Eligibility Enrollment) | | |
| NEW!! Enrollment Packet (<i>yellow forms for non-presumptive enrollment</i>) | ___ English | ___ Spanish |
| Cervical Diagnostic Enrollment / Follow Up & Treatment Plan (<i>blue</i>) | ___ English | ___ Spanish |
| Breast Diagnostic Enrollment / Follow Up & Treatment Plan (<i>goldenrod</i>) | ___ English | ___ Spanish |
| EWM Mammography Reporting Form | ___ | |
| Lab Stickers - 50 stickers per sheet (<i>red & white</i>) | ___ sheet(s) | |
| Report of Woman Deemed Lost-to-Follow Up Form | ___ | |
| Client Informed Refusal Form | ___ English | ___ Spanish |
| Treatment Funds Request Form | ___ | |
| Pre-addressed labels to EWM - 30 stickers per sheet | ___ sheet(s) | |

NEW!! 2011-2012 Income Eligibility Scale

Promotional Items

NEW!! Program Bookmark

___ English ___ Spanish